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Bib Data Sheet

CONFIRMATION NO. 6336

SERIAL NUMBER 10/829,571	FILING OR 371(c) DATE 04/22/2004 RULE	CLASS 380	GROUP ART UNIT 2135	ATTORNEY DOCKET NO. AUS920040043US1
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**** CONTINUING DATA *******None *SD***** FOREIGN APPLICATIONS *******None *SD***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 06/28/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>SD</i> Initials				

ADDRESS

45993

TITLE

Replaceable sequenced one-time pads for detection of cloned service client

FILING FEE RECEIVED 788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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